

Leon B. Brune
Coroner



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COUNTY OF INYO
Office of Coroner for the Southern District of Inyo County
Jeffrey E. Mullenhour – Deputy Coroner Investigator
220 East Post Street (P.O. Box 755)
Lone Pine, CA. 93545-0755
TEL: (760) 876-5657
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December 12, 2012

Mr. Paul Stuart
6121 El Toro Court
San Jose, CA 95123

RE: STONE, ROBERT BRUCE, Coroner's Case #1995-052

Mr. Stuart:

Enclosed, please find separate documents relating to the death, discovery, recovery, autopsy and final disposition of Mr. Robert Bruce Stone.

Unfortunately, there are elements of the investigation/identification process that are not in the case file.

If there is anything further that I can help you with, please let me know.

Respectfully,

Jeff Mullenhour

A handwritten signature in black ink, appearing to read "Jeff Mullenhour", with a long horizontal line extending to the right.

INVESTIGATION SUMMARY

WITNESSES	(NAME)	(AGE)	(ADDRESS)	(TELEPHONE)
1.	Andy Klest		1215 Ford Ave Redondo Beach Ca	90278
2.			Home 310 376 6883 Work 310 814 6105	
3.				
4.				

VEHICLE NO. 1	YEAR	MAKE	MODEL & COLOR	LICENSE NUMBER
OPERATOR				
PASSENGERS				
TOWING LOCATION				

VEHICLE NO. 2	YEAR	MAKE	MODEL & COLOR	LICENSE NUMBER
OPERATOR				
PASSENGERS				
TOWING LOCATION				
WEAPON DESCRIPTION OR METHOD				

DETAILS:

NOTIFIED 1000 HRS. ON 09/04/1995 BY INYO COUNTY DISPATCH. FIRST ARRIVAL AT OLANCHA AT 1045, AND MET DEPUTY RANDY GEIGER. I ADVISED THAT WE NEEDED MORE HELP, AND I RETURNED TO LONE PINE. AT 1300 HRS. DET. JIM JONES, ICSO, CALLED AND STATED HE, GEIGER, LEON BOYER, I.D. UNIT, AND S & R. WERE GOING TO MEET AT DIRTY SOCKS AT 1400 HRS, AND THAT A C.H.P. HELICOPTER FROM SAN BERNARDINO WAS GOING TO TAKE SOMEONE INTO LOCATE REMAINS.

JIM JONES, INVESTIGATOR IN CHARGE. LEON BOYER I.D. UNIT, GEIGER & I, WAITED FOR C.H.P. HELICOPTER. AT 1415 HOURS C.H.P. FLEW BOYER INTO SCENE (COULD NOT LAND BECAUSE OF 60 KNOT WINDS.) WE WAITED FOR RANY NIXON, S & R, TO ARRIVE, AND AT 1600 HRS. WE FOUR WHEELED DRIVED INTO DRY WASH. WE WENT TO THE CANYON ON SOUTH SIDE OF THE PLATEAU WHERE REMAINS WERE, AND WERE WITHIN A MILE OF REMAINS, WHEN C.H.P. FLEW OVER AGAIN AT OUR REQUEST, SPOTED REMAINS AND GUIDED OUR VEHICLES IN SO WE COULD DRIVE RIGHT TO SCENE ON ARRIVAL AT SCENE, I.D. UNIT, AND DET. JIM JONES DID THEIR INVESTIGATION, AND TOOK THEIR PHOTO'S. I WALKED IN THE SAME AREA THEY WERE, AND TOOK MY PHOTO'S I OBSERVED A REMAINS NAKED IN A SLEEPING BAG. FACE DOWN, BACK AND BUTTOCKS EXPOSED. AND SKIN VERY LEATHER LIKE. A PLASTIC BAG WAS OVER HEAD AREA. IT APPEARED TO HAVE DUCK TAPE OVER IT. AT BACK OF NECK. CLOTHING WAS IN ORDERLY FASHION, WITH A BACK PACK TYPE BAG TO RIGHT OF BODY, AND A SMALL SHAVING TYPE KIT BAG. A DUFFLE TYPE BAG WAS AT HEAD END, AND SHOES WERE OFF TO LEFT OF BODY. SITE WAS NEATLY LAID OUT. WE UNZIPPED REST OF SLEEPING BAG, AND THEN DICOVERED PLASTIC DRAW STRAPS AROUND ANKLES, LEFT ARM DRAWN DOWN BETWEEN LEGS ATTACHED TO ANKLES. RIGHT ARM FREE WITH STRAP ON WRIST, AND A STRAP NOT USED. WE DID NOT TOUCH ANYTHING. REZIPPED SLEEPING BAG, PLACED REMAINS WITH SLEEPING BAG INTO A BODY POUCH, AND RETURNED TO BASE WITH REMAINS, ARRIVING IN LONE PINE AT 1900 HRS. I PLACED REMAINS INTO COOLER, ARRANGED TO HAVE REMAINS X-RAYED AT SO. INYO HOSPITAL AT 0700 ON 09/05/1995, AND MADE NECESSARY ARRANGEMENTS WITH BISHOP AT 0900 ON 09/05/1995 FOR DR. TENNEY TO DO AUTOPSY AT 1400 ON 09/05/1995- PHOTO'S & X-RAYS AND ALL MATERIALS COLLECTED WERE TAKEN TO BISHOP FOR OUR FORENSIC PATHOLOGIST TO REVIEW.

OFFICE USE ONLY

DATE OF REPORT

09/07/1995

Investigator

J. R. Vandewalker

Approved by

LEON B. BRUNE
CORONER
INYO COUNTY

CORONER'S INVESTIGATION REPORT

LEON B. BRUNE

CORONER
INYO COUNTY

File No. 95-52

Investigation Upon the Body of
JOHN DOE

FIRST NAME MIDDLE NAME LAST NAME

Classification

- ☐ NATURAL DEATH.....
- ☐ TRAFFIC ACCIDENT.....
- ☐ SUICIDE.....
- ☐ HOMICIDE.....
- ☐ MISC. VIOLENT ACCIDENT.....
- ☒ UNDETERMINABLE.....

DECEDENT PERSONAL DATA

SEX MALE	AGE 25-30	HEIGHT	WEIGHT	EYES	HAIR
RACE	COMPLEXION	SCARS AND MARKS			
DATE OF BIRTH		BIRTHPLACE		CITIZENSHIP	
OCCUPATION		EMPLOYING COMPANY OR FIRM			
MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED					
SOCIAL SECURITY NUMBER	VETERAN STATUS	HOW IDENTIFIED		FINGERPRINTS <input type="checkbox"/> FBI <input type="checkbox"/> CII	

RESIDENCE

LAST USUAL RESIDENCE—STREET ADDRESS	CITY OR TOWN	STATE
TEMPORARY OR MILITARY ADDRESS	CITY OR TOWN	STATE

INJURY INFORMATION

PLACE OF INJURY 12 MILES SOUTH-SOUTH EAST	CITY OR TOWN OLANCH	COUNTY INYO	STATE CA
DATE OF INJURY	TIME OF INJURY	<input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK	

PLACE OF DEATH

PLACE OF DEATH 12 MILES SOUTH-SOUTH EAST (OPEN DESERT) MOUNTAINS	CITY OR TOWN -OLANCH, CA.
DATE OF DEATH FOUND 09/04/1995	TIME OF DEATH FOUND 0900
NAME OF INFORMANT ANDY KLEST	DATE 09/04/1995
	TIME 0900

NEXT OF KIN

NEAREST RELATIVE	RELATIONSHIP	STREET ADDRESS	CITY OR TOWN	STATE
OTHER RELATIVE				

MEDICAL DATA

CAUSE OF DEATH			
AUTOPSY — Check One: <input type="checkbox"/> No Autopsy Performed <input type="checkbox"/> Autopsy Performed — Gross Findings Used in Determining Above Stated Causes of Death	PATHOLOGIST DR. TENNEY	DATE 09/05/1995	TIME 1400
CONSULTING PHYSICIAN BISHOP, CALIF.			
BLOOD SAMPLE TAKEN BY	SITE, DRAWN FROM	DATE	TIME

LABORATORY EXAMINATIONS

<input type="checkbox"/> ALKALOIDS	<input type="checkbox"/> BARBITURATES	<input type="checkbox"/> CARBON MONOXIDE	<input type="checkbox"/> ETHYL ALCOHOL	<input type="checkbox"/> HEAVY METALS	<input type="checkbox"/> OTHER
TOXICOLOGICAL ANALYSIS RESULTS:					

DISPOSITION OF REMAINS AND PROPERTY

<input type="checkbox"/> No Property	<input type="checkbox"/> Property Found And Inventoried	PROPERTY RELEASED TO	DATE	<input type="checkbox"/> Property Still Held Pending Release to Legal Representative
MORTUARY MAKING FIRST CALL OWNES VALLEY MORTUARY		REQUEST OF: INYO COUNTY S.O.		
FUNERAL DIRECTOR O.V.M.	CEMETERY OR CREMATORY	<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL	DATE	

Other Side For Investigation Summary

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

BIRTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1.

2

vi

4. SEX

MALE

7. COUNTY OF OCCURRENCE

INYO

10. INFORMATION AS IT SHOULD APPEAR

1

PENDING

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER

LEON B. BRUNE, CORONER

17. ZIP CODE

93514

19. DATE ACCEPTED FOR REGISTRATION — MM/DD/YY

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

☒ DEATH ☐ FETAL DEATH ☐ BIRTH

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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PART I INFORMATION TO LOCATE RECORD

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) JOHN	2. MIDDLE	3. LAST (FAMILY) DOE #1	4. SEX MALE
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY FOUND 09/04/1995	6. CITY OF OCCURRENCE OLANCHA	7. COUNTY OF OCCURRENCE INYO	

PART II STATEMENT OF CORRECTIONS

8. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR
1.	JOHN	ROBERT
2.	-	BRUCE
3.	DOE #1	STONE
4.	UNKNOWN	10/08/1943
5.	UNK.	51
9.	UNKNOWN	CALIFORNIA
10.	UNKNOWN	567-62-2364
11.	UNKNOWN	NONE
12.	UNKNOWN	DIVORCED
13.	UNKNOWN	14
14.	UNKNOWN	WHITE
15.	UNKNOWN	NO
16.	UNKNOWN	ARTHUR SNOW BROKER
17.	UNKNOWN	SALESPERSON
18.	UNKNOWN	REAL ESTATE
19.	UNKNOWN	12
20.	UNKNOWN	630 E. TUJUNGA AVE. #1
21.	UNKNOWN	BURBANK
22.	UNKNOWN	LOS ANGELES
23.	UNKNOWN	91501
24.	UNKNOWN	51
25.	UNKNOWN	CALIFORNIA
26.	INYO COUNTY CORONER'S OFFICE	KATHY WEBBER, SISTER
27.	P.O. BOX 1175, BISHOP, CA, 93515	14450 LEFFINGWELL RD., WHITTIER, CA, 90604
28.	UNKNOWN	-
29.	UNKNOWN	-
30.	UNKNOWN	-
31.	UNKNOWN	HULON
32.	UNKNOWN	P.
33.	UNKNOWN	STONE
34.	UNKNOWN	AL
35.	UNKNOWN	DOROTHY
36.	UNKNOWN	F.
37.	UNKNOWN	CURRY
38.	UNKNOWN	MO
39.	-	

LIST ONE
ITEM
PER LINE

DECLARATION
OF
CERTIFYING
PHYSICIAN
OR CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

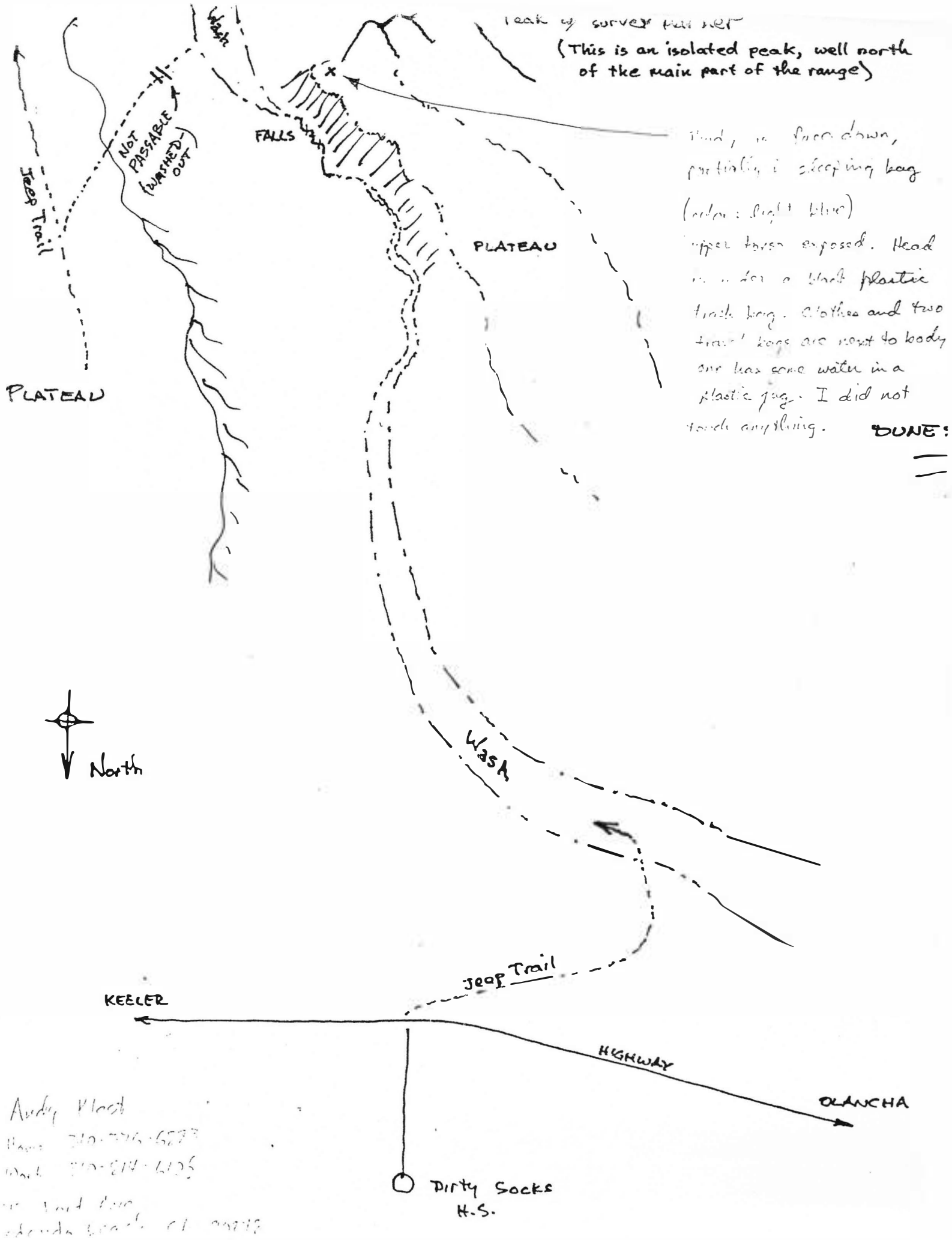
11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER 	12. DATE SIGNED—MM/DD/CCYY 09/28/1995	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER LEON B. BRUNE, CORONER	
14. ADDRESS—STREET AND NUMBER 325 W. ELM ST.	15. CITY BISHOP	16. STATE CA	17. ZIP CODE 93514

STATE/LOCAL
REGISTRAR
USE ONLY

18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR 	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY
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AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

STATE FILE NUMBER		USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
STATE/LOCAL REGISTRAR USE ONLY 1		2		3	
TYPE OR PRINT IN BLACK INK ONLY					
PART I INFORMATION TO LOCATE RECORD		1. NAME—FIRST (GIVEN) JOHN		2. MIDDLE -	
		3. LAST (FAMILY) DOE #1		4. SEX MALE	
		5. DATE OF EVENT--MM/DD/CCYY FOUND 09/04/1995		6. CITY OF OCCURENCE OLANCHA	
		7. COUNTY OF OCCURRENCE INYO			
PART II INFORMATION AS IT APPEARS ON RECORD		107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH	
		IMMEDIATE CAUSE (A) UNDETERMINED		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES REFERRAL NUMBER 95-52 <input type="checkbox"/> NO	
		(B)		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		(C)		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		DUE TO (D)		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107			
		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE.			
		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input checked="" type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		121. INJURY DATE--MM / DD / CCYY UNKNOWN		122. HOUR UNK.	
		123. PLACE OF INJURY UNKNOWN		124. DESCRIBE HOW INJURY OCCURED (EVENTS WHICH RESULTED IN INJURY) UNKNOWN	
		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) BODY FOUND IN DESERT AREA, 10-12 MILES S.E. OF OLANCHA, CALIFORNIA, 93549			
PART III INFORMATION AS IT SHOULD APPEAR		107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH	
		IMMEDIATE CAUSE (A) PRESUMPTIVE ASPHYXIATION		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES REFERRAL NUMBER 95-52 <input type="checkbox"/> NO	
		(B)		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		(C)		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		DUE TO (D)		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE			
		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO			
		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		121. INJURY DATE--MM / DD / CCYY 04/--/1995		122. HOUR UNKNOWN	
		123. PLACE OF INJURY DESERT AREA		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) MUMMIFIED BODY FOUND IN DESERT AREA WITH PLASTIC BAG TAPED OVER HEAD.	
		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) BODY FOUND IN DESERT AREA, 10-12 MILES S.E. OF OLANCHA, CALIFORNIA, 93549.			
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER		I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER Leon B. Brune		9. DATE SIGNED--MM/DD/CCYY 10/06/1995		10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER LEON B. BRUNE, CORONER	
11. ADDRESS--STREET AND NUMBER 325 W. ELM ST.		12. CITY BISHOP		13. STATE CA	
14. ZIP CODE 93514		15. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR		16. DATE ACCEPTED FOR REGISTRATION--MM/DD/CCYY	



Found 10/21/95, Rich at
Clancha, 1300 E. Union

PRELIMINARY AUTOPSY REPORT

CASE NUMBER: 74-172 COUNTY OF Inyo

NAME OF DECEASED: John Doe

AGE: _____ BIRTH DATE: _____ month day year SEX: _____ HEIGHT: _____ WEIGHT: _____

PROBABLE DATE/HOUR OF DEATH: Found 09/04/95 DATE OF AUTOPSY: 09 05 95
MONTH DAY YEAR

AUTOPSY STARTED: 1400 AUTOPSY COMPLETED: 1540 FRESH EMBALMED

PATHOLOGIST: James Tenney CORONER/DEPUTY: D. R. Van Derwerker

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

TIME INTERVAL
BETWEEN ONSET
AND DEATH

IMMEDIATE
CAUSE

(A) UNDETERMINED

DUE TO

(B)

DUE TO

(C)

DUE TO

(D)

CAUSE
OF
DEATH

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

COMMENTS:

I HAVE EXAMINED THE ABOVE NAMED BODY AND MY TENTATIVE OPINION IS THAT
AS STATED ABOVE.

_____, M.D.

TOXICOLOGY/EVIDENCE RETAINED

HEART BLOOD _____

URINE _____

BRAIN _____

LIVER _____

STOMACH CONTENTS _____

VITREOUS _____

SPLEEN _____

TESTS REQUESTED: _____

HOLD _____

LAB _____

PERFORMED BY: _____

DATE: _____